

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND. DEP.	* IND. DEP.	* IND. DEP.	* IND. DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
	1	/								
2	/						51			
3	/						52			
4	/						53			
5	/						54			
6	5						55			
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42	5						91			
43	5						92			
44	5						93			
45							94			
46							95			
47							96			
48							97			
49							98			
50							99			
TOTAL IND.	5						100			
TOTAL DEP.	95									
TOTAL CLAIMS	100									